

# GIC Health Plan Rates – Monthly Rates *as of July 1, 2009*

## For THE TOWN OF WATERTOWN ENROLLEES



Commonwealth of Massachusetts  
Group Insurance Commission

### Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

*Includes 0.33% Administrative Fee*



	TEACHER Who Retired Before July 1, 2009			EMPLOYEE and Non-Medicare Retiree/Survivor		
	Pays Monthly %	Pays Monthly \$	Pays Monthly \$	Pays Monthly %	Pays Monthly \$	Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care (HMO)	10%	\$ 40.57	\$ 97.38	20%	\$ 81.15	\$194.75
Fallon Community Health Plan Select Care (HMO)	10%	\$ 49.20	\$118.07	20%	\$ 98.40	\$236.15
Harvard Pilgrim Independence Plan (PPO)	10%	\$ 52.63	\$127.37	20%	\$105.26	\$254.74
Health New England (HMO)	10%	\$ 43.11	\$106.86	20%	\$ 86.22	\$213.72
Navigator by Tufts Health Plan (PPO)	10%	\$ 51.91	\$125.07	20%	\$103.81	\$250.14
NHP Care (Neighborhood Health Plan) (HMO)	10%	\$ 41.68	\$110.46	20%	\$ 83.37	\$220.92
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	\$ 76.76	\$179.18	40%	\$307.02	\$716.72
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	\$ 73.20	\$170.94	40%	\$292.81	\$683.75
UniCare State Indemnity Plan/ Community Choice (PPO-type)	10%	\$ 41.13	\$ 98.71	20%	\$ 82.26	\$197.41
UniCare State Indemnity Plan/PLUS (PPO-type)	10%	\$ 53.24	\$127.07	20%	\$106.49	\$254.13

### Retirees and Survivors *WITH MEDICARE*

	TEACHER Who Retired Before July 1, 2009		RETIREE AND SURVIVOR	
	Pays Monthly Per Person		Pays Monthly Per Person	
HEALTH PLAN	%	\$	%	\$
Fallon Senior Plan* (HMO)	10%	\$ 20.02	20%	\$ 40.03
Harvard Pilgrim Medicare Enhance	10%	\$ 35.00	40%	\$139.99
Health New England MedPlus (HMO)	10%	\$ 36.34	20%	\$ 72.67
Tufts Health Plan Medicare Complement (HMO)	10%	\$ 32.16	20%	\$ 64.33
Tufts Health Plan Medicare Preferred* (HMO)	10%	\$ 17.81	20%	\$ 35.62
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	\$ 35.30	40%	\$141.19
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	\$ 34.24	40%	\$136.94

\* Rates are subject to federal approval and may change January 1, 2010.

**Rates are Calculated by the Town of Watertown Benefits Office.**

**Rate questions? Call: Diane K. Ryan 617.972.6460**